

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

OR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 2

2. STATE:

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE(S)

5/01/2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
SUPPLEMENT 8A TO ATTACHMENT 2.6-A, PGS 4 & 7;
ADDENDUMS TO SUPP. 8A, 8B, AND SUPP 12 TO ATTACH.2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable): SUPPLEMENT 8A TO
ATTACHMENT 2.6-A, PGS 4 & 7; ADDENDUMS TO SUPP.
8A, 8B, AND SUPP 12 TO ATTACH.2.6-A

10. SUBJECT OF AMENDMENT:
INCOME EXCLUSIONS

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED
COMMISSIONER, DEPT. OF HUMAN SERVICES

SIGNATURE OF STATE AGENCY OFFICIAL:

Kevin W. Concannon

16. RETURN TO:

13. TYPED NAME:

Kevin W. Concannon

14. TITLE:

Commissioner, Maine Department of Human Services

15. DATE SUBMITTED:

March 22, 2001

Eugene Gessow

Director, Bureau of Medical Services

#11 State House Station

Togus Complex

Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 29, 2001

18. DATE APPROVED:

ME01-002 - 6/11/01; ME01-002A - 7/10/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

May 1, 2001

SIGNATURE OF REGIONAL OFFICIAL:

Margaret Blum for R. Preston

21. TYPED NAME:

Ronald Preston

22. TITLE Associate Regional
Administrator, DMSO

23. REMARKS

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 8a TO ATTACHMENT 2.6-A
Page 7
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

MORE LIBERAL METHODS OF TREATING INCOME UNDER
SECTION 1902(r) (2) OF THE ACT*

☐ Section 1902(f) State

☒ Non-Section 1902(f) State

For individuals eligible under 1902(a)(10)(A)(ii)(x) and ~~1902(m)(4), 1055(p)(1)~~, 1902(a)(10)(E)(iii),
1902(a)(10)(E)(iv):

1905(p)(1)

1. exclude income --in--kind;
2. exclude the first \$400 per month of earned income for a student regularly attending school as defined by the learning institution (this deletes the current \$1620 maximum in a calendar year).

TN No. 01-002A

Supersedes 9-008

TN No. _____

Approval Date: 7/10/01

Effective Date: 5/1/01

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Annual COLA income increases taking effect in January, February or March are disregarded for poverty level groups through the month following the month that the new Federal poverty level is published.

Add to poverty level groups cited in existing state plans:

- Qualifying Individuals 1902(a)(10)(E)(iv) (Public Law 105-33)
- Specified Low Income Medicare Beneficiary (SLMB) 1902(a)(10)(E)(iii)

OFFICIAL